

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09765993

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
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42		/				
43		/				
44		/				
45	/					
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57	/					
58		/				
59		/				
60		/				
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70		/				
71	/					
72		/				
73		/				
74		/				
75		/				
76	/					
77		/				
78		/				
79		/				
80		/				
81	/					
82		/				
83		/				
84		2				
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	73	↓		↓		↓
TOTAL CLAIMS	83					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS